

## February 2006

With the GA Legislative Session in full swing, many seniors and advocates for seniors met at Kennesaw State University in July to set the state-wide priorities for the upcoming year. Many Senior-To-Senior Advocates will be calling, writing, and visiting our legislators at the capitol to encourage their support of these priorities:

**Grandparents Raising Grandchildren**—The 2000 Census indicates that grandchildren are being raised by grandparents in 92,265 Georgia families. Although the grandparents are taking full responsibility for their grandchildren, there has typically been no formal legal relationship initiated. The state has been saved the cost and responsibility of the children being in foster care or state custody because the grandparents have chosen to step in. Their grandparents need to register them for school, obtain medical services for them, and to generally be authorized to act on their behalf. The legislation would: 1) create a power of attorney for grandparents to act on behalf of their grandchildren; 2) pilot a program for a Grand Care Subsidy and have custody of the grandchild to receive financial assistance comparable to that received by foster parents, without adopting and without the state having to assume custody of the child.

**Criminal Neglect for Adults**—Georgia law enforcement officials have expressed frustration in their inability to redress some serious cases of neglect of elders and disabled adults under current GA laws. For example, the failure to control pests resulted in ant bites all over a long-term care resident. Similarly, a long-term care recipient had maggots in her wound from lack of control of flies. Further, a care recipient with stasis ulcers on his feet developed gangrene in the feet because of his caregiver's failure to monitor and care properly for his wounds. His feet were amputated, and subsequently he died. The legislation would: 1) create the crime of criminal neglect of a vulnerable adult; 2) provide a tier of felony penalties for criminal neglect based on the level of harm; 3) provide exemptions for care decisions made in good faith.

**Common Sense Initiatives for Safer Healthcare**—Between 1991 and 2001, 18 GA doctors were each responsible for between four and eight malpractice payments to injured patients, yet none were disciplined by the State Medical Board. Every member of the State Medical Board is a health care provider. Health care consumers must be permitted to participate in the disciplinary process and should be included as members of the state's disciplinary board to help reduce the number of doctors who repeatedly injure patients. Improving the pool of health care providers is one way to improve health outcomes. This legislation would: 1) Allow complainants to attend and testify at State Medical Board disciplinary hearings; 2) Require that 25% of State Medical Board members have no professional medical ties; 3) Prohibit the State Medical Board from licensing out-of-state health care providers who have a record of three or more malpractice judgments in their home state(s) or country; 4) Require the Office of Regulatory Services (ORS) to post on the DHR website all penalties, adverse actions, deficiencies, and findings for ORS investigations involving state-licensed medical facilities. 5) Create a study committee to research the cost of establishing a public reporting system of all adverse incidents at all state licensed health care facilities; 6) Guarantee that complainants are notified and may participate when an appeal of an ORS decision is requested and allow the Long-Term Care Ombudsman and the complainant to participate in the informal dispute resolution process when applicable.

**Cause of Death Reporting Requirements**—When a person dies in GA, a coroner is only notified under certain circumstances. If a person receiving long-term care services dies at the hospital, the death certificate reflects the place of death but may not reflect the complete circumstances of death if the precipitating incident happened prior to the hospitalization. In these situations, the coroner is generally not notified. Many Georgians receiving long-term care may die prematurely and suffer unnecessarily because the care provided was inappropriate or inadequate. Failing to attend to personal hygiene, to turn, to relieve pressure, and to appropriately medicate, feed and hydrate are instances of neglect that these vulnerable care recipients may experience whether the care is rendered at home or in a facility. If the care is subsidized by public funding through Medicaid and Medicare, dwindling state and federal tax dollars are being wasted on poor care. When deaths occur in nursing homes, coroners are not routinely notified and generally lack authority to investigate. Coroners should be notified of the deaths of individuals receiving long-term care services and should have the authority and discretion to investigate the cause of death. This legislation would: 1) Amend the existing law to include a definition of "compensated care" to include in-home care services, as well as facility-based long-term care services, and 2) Amend the existing law to (a) provide that the coroner must be notified of the death of any person who had received compensated care within the prior 30 days, (b) authorize the coroner to investigate in these cases, (c) permit the coroner the discretion to investigate, and (d) require that compensated care providers respond timely to coroners' and medical examiners' requests for records and information.

**Funding for Home and Community Based Services**—Community Care Services Program (CCSP) provides those aging consumers and disabled consumers eligible for nursing home care the option of receiving home and community-based Medicare services such as Adult Day Health, Alternative Living Services, Emergency Response Services, Home Delivered Meals, Home Delivered Services, Personal Support Services, and Out-of-Home Respite Care. In SFY 2005, CCSP made it possible for 15,830 Georgians to choose to receive services in their own homes rather than receive services in more costly nursing facilities. The CCSP saved taxpayers \$16,728 per individual served—a total savings of over \$264 million.

**Non-Medicaid Home and Community Based Services (HCBS)**—The program serves individuals 60+ years of age who are in greatest social and economic need—most of the program recipients are in their mid-to-late seventies. The services provided include Home Delivered Meals, Transportation, Respite Care, Adult Day Care, Homemaker Services, Personal Care Services, Senior Center Meals/Programs, Wellness Program Services, and Minor Home Repairs, enabling the recipients to remain in their homes and manage their care promoting health, independence and self-reliance. Often the services provide support to adult caregivers providing care to persons with Alzheimer's disease, and other dementias, or other chronic health conditions.

This legislation would create an appropriation of \$6,000,000, permitting individuals on the waiting list for CCSP to receive services. At an average cost of \$2,000 per client, an appropriation of \$4,000,000 would serve 2,000 people currently on the waiting list for HCBS services.

**Increased Personal Needs Allowance for Nursing Home Medicaid Recipients:** The Personal Needs Allowance (PNA) is the sum that nursing home residents who are Medicaid members may retain for their personal use from their monthly income. Since 1988, GA has allowed only \$30 per person. The PNA is important because residents are able to maintain at least some level of independence and decision-making by using their own funds to meet incidental and other needs not covered by Medicaid and that contribute to their quality of life. Residents use their PNA to pay for burial insurance, haircuts, clothing, religious offerings, and cards and small gifts for their grandchildren. With so little money, many nursing home residents who want to remain involved in their community are not able to do so. With the changes to the Adult Medically Needy category of nursing home Medicaid requiring the creation of Miller Trusts, the PNA will not only be needed to fund incidentals but also the monthly fee for the Miller Trust checking account and medications not covered by Medicaid. In today's economy, \$30 a month is not enough for many residents to meet their personal needs.

In contrast, residents of personal care homes who are eligible for Community Care Services through the Medicaid program are permitted to keep at least \$95 of their monthly income, and VA residents keep at least \$90 per month. This disparity between Medicaid programs places nursing home residents at the bottom of the ladder. This legislation would create a state appropriation of \$2,520,000 with an automatic cost of living increase, raising the PNA to \$45 for the approximately 35,000 Georgia nursing home residents who are Medicaid members.

We need more Advocates to help us with our advocacy efforts! Are you interested in helping seniors one-on-one with Medicare information, solving a disagreement with the telephone company, helping prevent a senior's electricity being cut off in the winter, or helping to pass legislation critical to the well-being of seniors? If so, the **Senior-To-Senior Advocacy Team** needs you! You don't need any special skills—we'll teach you those. All you need to join us is a desire to help others—while having a great time meeting new people, helping to staff the Advocacy Office, making phone calls, writing letters. We have an immediate need for new Advocates to help us in the Advocacy Office so that we can help more seniors. Interested? **Give us a call today at 770-528-1446**